## UTILI I T PATENT APPLICATION TRANSMITTAL TRANSMITTAL

Attorney Docket No. 250451US3

First Inventor or Application Identifier

Kaoru YAMAGUCHI, et al.

Registration No.:

Name:

(OFF	for ne	w nonprovisional applications under 37 CFR 1.53(b)) Title DENTAL MAGNE	ETIC ATTACHMENT AND PROCESS FOR PRODUCING THE SAME			
PTO	See	APPLICATION ELEMENTS  e MPEP chapter 600 concerning utility patent application contents	Commissioner for Patents  ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313			
1.		Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS  7. Assignment Papers (cover sheet & document(s))  8. Application Data Sheet. See 37 CFR 1.76  2. D 37 CFR \$3.73(b) Statement Power of			
		(Submit all original and a duplicate for fee processing)	7. Assignment Papers (cover sheet & document(s))			
2.		Specification Total Sheets 42	8. Application Data Sheet. See 37 CFR 1.76			
		•	9. 37 C.F.R. §3.73(b) Statement Power of Attorney			
3.		Drawing(s) (35 U.S.C. 113) Total Sheets 3	10. ☐ English Translation Document (if applicable)			
		·	11. ☐ Information Disclosure Copies of IDS Citations			
4.		Oath or Declaration Total Pages	12.   Preliminary Amendment			
	a.	☐ Newly executed (original or copy)	13. White Advance Serial No. Postcard			
	b.	□ Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14.  Certified Copy of Priority Document(s) (if foreign priority is claimed)			
		<ol> <li>DELETION OF INVENTOR(S)         Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).     </li> </ol>	15.  Applicant claims small entity status. See 37 CFR 1.27			
5.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. ☐ Other:			
6.		Nucleotide and/or Amino Acid Sequence Submission				
	a.	(if applicable, all necessary)  ☐ Computer Readable Form (CRF)				
	b.	Specification or Sequence Listing on :				
		i. CD-ROM or CD-R (2 copies); or				
		ii. 🔲 Paper				
	C.	☐ Statements verifying identity of above copies				
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:						
		Continuation   Divisional   Continuation-	in-part (CIP) of prior application no.:			
1	Prior	application information: Examiner:	Group Art Unit:			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
18. CORRESPONDENCE ADDRESS						
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22850						
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	Na	me: C. Irvin McClelland	Registration No.: 21,124			
Si	gnat	ure: William Willand	Date: 3/15/04			

Docket No.

250451US3

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kaoru YAMAGUCHI, et al.

SERIAL NO:

**New Application** 

FILING DATE: Herewith

FOR:

DENTAL MAGNETIC ATTACHMENT AND PROCESS FOR PRODUCING THE SAME

## **FEE TRANSMITTAL**

## COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED				NUMBER EXTRA	RATE			CALCULATIONS
TOTAL CLAIMS	14	-	20	=	0	х	\$18	=	\$0.00
INDEPENDENT CLAIMS	5	-	3	=	2	х	\$86	=	\$172.00
■ MULTIPLE DEPENDENT CLAIMS (If applicable) + \$290 =							=	\$290.00	
■ LATE FILING OF DECLARATION						+	\$130	=	\$130.00
BASIC FEE								\$770.00	
TOTAL OF ABOVE CALCULATIONS								\$1,362.00	
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY								\$0.00	
☐ FILING IN NON-ENGLISH LANGUAGE						+	\$130	=	\$0.00
☐ RECORDATION OF ASSIGNMENT						+	\$40	=	\$0.00
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☐ A check in the amount of \$0.00 to cover	er the filing fee is enclosed.						
Credit card payment form is attached to cover the filing fee in the amount of \$1,362.00							
The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.							
	Respectfully Submitted,						
	OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.						
Date: 3/15/04	C. Irvin McClelland Registration No. 31 124						

☐ Please charge Deposit Account No. <u>15-0030</u> in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.

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